TAB H

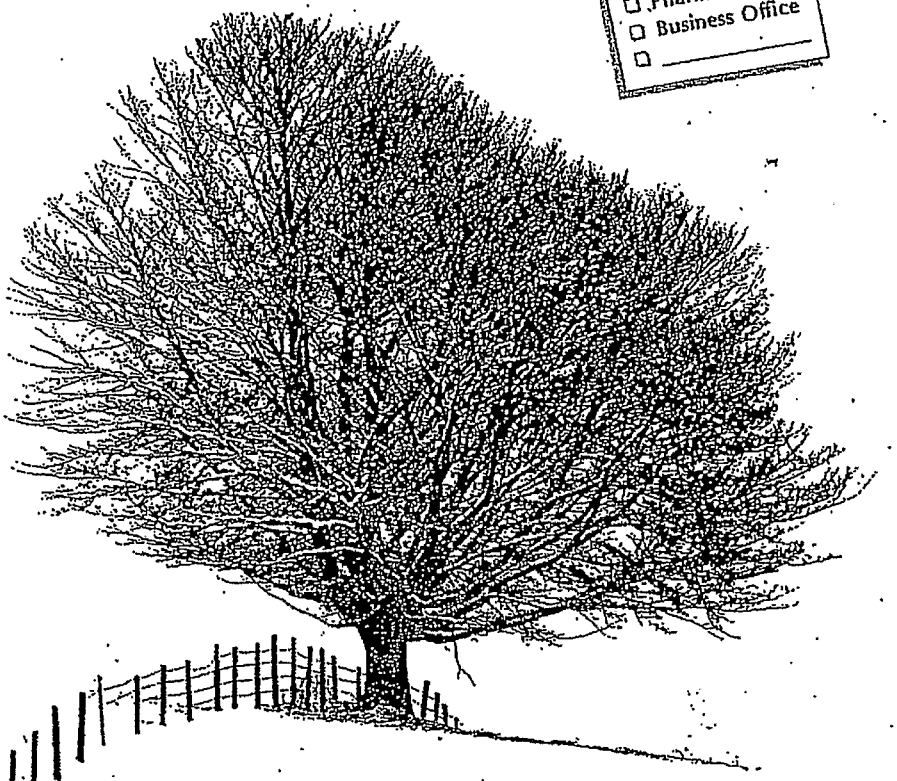
ONCOLOGY THERAPEUTICS NETWORK

January/February 1997

THE NETWORK NEWS

A BIMONTHLY UPDATE FOR COMMUNITY-BASED ONCOLOGY PROFESSIONALS

ROUTE TO:
- ☐ Physician
- ☐ Office Manager
- ☐ Oncology Nurse
- ☐ Pharmacist
- ☐ Business Office
- ☐ _____



INSIDE

PLAINTIFF'S EXHIBIT
Akscn 7
8/11/05 RP

Defendants' Exhibit
2556
01-12257-PBS

10A

BP 01014

HIGHLY CONFIDENTIAL
BMS/AWP/000095588

ONCOLOGY THERAPEUTICS NETWORK

HEALTH AND SAFETY ADVICE ON HANDLING ONCOLOGY PRODUCTS

FIRST IN A SERIES OF THREE

Oncology Therapeutics Network (OTN) is committed to providing information on the safe handling of the products that we sell. As an added value to our customers, OTN will be addressing health and safety issues in this and future publications of *The Network News*. The first, and two subsequent articles, will highlight key information outlined in OSHA's *Controlling Occupational Exposure to Hazardous Drugs*.[1]

Healthcare employees need to recognize that there are several pharmaceuticals that pose an occupational risk through acute and chronic exposure. It would be shortsighted of any healthcare worker to be mindful only of drugs used to treat cancer. There are four drug characteristics, each of which should be considered hazardous:

- Genotoxicity
- Carcinogenicity
- Teratogenicity or fertility impairment
- Serious organ or other toxic manifestation at low doses in experimental animals or treated patients

Also, investigational drugs need to be treated as hazardous until information is provided which may relax certain procedures and protective measures.

Healthcare workers need to first understand how exposure may occur before they can take appropriate actions to prevent exposure to hazardous drugs. The main routes of exposure are: inhalation of aerosols or dust, absorption through the skin, and ingestion. Exposure to the eyes and injection (accidental needle sticks) may also occur, but to a lesser extent. To minimize exposure, it is recommended to prepare all hazardous drugs in a Class II or Class III biological safety cabinet (BSC), never in a laminar-flow hood. Smoking, drinking, applying cosmetics, and eating where these drugs are prepared, stored, or used also increase the chances of exposure.

A written Hazardous Drug Safety and Health Plan should be developed and maintained in every work place that uses hazardous drugs. The plan would aid in protecting employees from health hazards associated with hazardous drugs and in keeping exposures as low as reasonably achievable. The plan should be readily available for all employees: permanent, temporary, contractors, and trainees. The plan should include, as a minimum, the following elements and indicate specific measures the employer is taking to ensure employee protection:

- Standard operating procedures for workers who handle hazardous drugs
- Decontamination procedures
- Designation of hazardous drug handling areas
- Criteria to determine and implement control measures to reduce employee exposure
- Use of containment devices such as biological safety cabinets
- Inspection and maintenance of control systems, to ensure that protective equipment functions properly
- Procedures for safe removal of contaminated waste
- Provision for information and training
- Identification of extenuating circumstances that require special approval
- Provision for medical examinations
- Designation of a Hazardous Drug Officer and establishment of a Hazardous Drug Committee
- Review and reevaluation of the plan for effectiveness, at least annually

The next article in the series will address safe work habits, biological safety cabinets, and personal protective equipment. It is important to follow health and safety requirements and regulations as specified by the manufacturer of the products, your employers, and local, state, and federal governments. Call OTN if you would like to receive a copy of the OSHA document that is referenced throughout this article.

[1] *OSHA Instruction TED 1.15, September 22, 1995, Office of Science and Technology Assessment.*

Comments and suggestions are welcome. Address them to: Mary Walsh, Editor, The Network News; Oncology Therapeutics Network; 395 Oyster Point Blvd., Suite 405; South San Francisco, CA 94080.

Printed on recycled paper.

Important New Indication

NOVANTRONE®
MITOXANTRONE
For Injection Concentrate

ONCOLOGY THERAPEUTICS NETWORK

Shown to Relieve the Pain of Advanced Hormone-Refractory Prostate Cancer (HRPC)

INDICATIONS AND USAGE:

Novantrone (mitoxantrone for injection concentrate) in combination with corticosteroids is indicated as initial chemotherapy for the treatment of patients with pain related to advanced hormone-refractory prostate cancer. Novantrone in combination with other approved drug(s) is also indicated in the initial therapy of acute nonlymphocytic leukemia (ANLL) in adults. *Please refer to full prescribing information.*

DOSAGE AND ADMINISTRATION:
(HORMONE-REFRACTORY PROSTATE CANCER)

Based on data from two phase III comparative trials of Novantrone plus corticosteroids versus corticosteroids alone, the recommended dosage of Novantrone is 12 to 14 mg/m² given as a short intravenous infusion every 21 days.

Contact your Network Representative for current pricing information. OTN is an authorized wholesaler in the Immunex Volume Purchase Agreement (VPA) Program.

PRODUCT SUPPORT:

Novantrone Reimbursement Hotline: 1-800-321-4669
Medical Information: 1-800-466-8639
J Code: .....J9293 per 5 mg
ICD-9 Code (HRPC): 185

Catalog Number	NDC	Item	Unit Size
902-200	58406-0640-03	Novantrone (2 mg/mL)	20 mg MDV
902-210	58406-0640-05	Novantrone (2 mg/mL)	25 mg MDV
902-220	58406-0640-07	Novantrone (2 mg/mL)	30 mg MDV

Price Match OTN will match any documented offer for Novantrone 20 mg, 25 mg, and 30 mg multidose vials. Simply call with the special offer quoted from another supplier, and we will honor that price immediately.

ProCERT

A REIMBURSEMENT GUARANTEE PROGRAM

BRISTOL-MYERS SQUIBB Oncology

Obtaining reimbursement for chemotherapy drugs is often a time-consuming and laborious task. To assist your practice in this area, Bristol-Myers Squibb Oncology (BMSO) has developed a preauthorization service that is available free of charge called ProCERT.

ProCERT is currently available for TAXOL® (paclitaxel) and any other BMSO product that is a part of the TAXOL regimen.

The service includes:

- Assistance to physicians in offering TAXOL (paclitaxel) injection treatment to their candidate patients
- Free drug replacement guarantee for qualifying unreimbursed claims
- Reduction of financial risk for the physician and patient

For more information, call ProCERT toll-free at 1-888-ProCERT (888-776-2378) from 8:00 am to 5:00 pm Central Time, Monday-Friday or contact your Bristol-Myers Squibb Representative.

ONCOLOGY THERAPEUTICS NETWORK

New From Schering-!

HSA-FREE INTRON® A (Interferon Alfa-2b, recombinant)

PRODUCT LINE NO LONGER CONTAINS HUMAN SERUM ALBUMIN

- ✓ Elimination of HSA provides a purer solution—a purer interferon
- ✓ Equivalent potency of original formulation
- ✓ New packaging is easier to store
- ✓ Greater ease of administration; less injection volume for some sizes

MORE ABOUT TECHNICAL DIFFERENCES...

Effective February 1, 1997, the Intron A premixed solution formulations will no longer contain human serum albumin. Only the 18 MIU and 50 MIU lyophilized powder presentations will continue to be available in the original formulation; all other powder presentations will be phased out.

OTN will ship the new Intron A HSA-free products once inventory of the original formulation is depleted.

NEW PACKAGES • HSA-FREE SOLUTIONS

New Cat. #	NDC	Item	Size	Order Qty	Shelf Life
220-151	0085-1184-01	Intron A solution	3 MIU/0.5 mL	6	18 months
220-161	0085-1191-01	Intron A solution	5 MIU/0.5 mL	6	18 months
220-171	0085-1179-01	Intron A solution	10 MIU/1 mL	6	18 months
220-191	0085-1168-01	Intron A solution	18 MIU MDV	6	24 months
220-194	0085-1133-01	Intron A solution	25 MIU MDV	6	24 months

NEW PACKAGES • HSA-FREE SOLUTION PAKS

New Cat. #	NDC	Item	Size	Order Qty	Shelf Life
220-156	TO BE DETERMINED	Intron A solution	3 MIU, Pak 3	1	18 months
220-166	TO BE DETERMINED	Intron A solution	5 MIU, Pak 5	1	18 months
220-174	TO BE DETERMINED	Intron A solution	10 MIU, Pak 10	1	18 months

**Paks include six vials, six syringes, and six alcohol swabs*

LYOPHILIZED POWDER ORIGINAL FORMULATION

Cat. #	NDC	Item	Size	Order Qty	Shelf Life
220-186	0085-1110-01	Intron A powder	18 MIU	6	36 months
220-180	0085-0539-01	Intron A powder	50 MIU	6	24 months

**Powders include one vial of diluent.*

Price Match

New for 1997:
Novantrone®
Zofran®
Neupogen®
Kytril™
Intron® A
Procrit®
Doxorubicin 200 mg

PROCRIT® PHYSICIAN REBATE PROGRAM EXTENDED THROUGH MARCH 1997

Ortho Biotech has extended the Procrit Rebate Program for physician practices through March 31, 1997. Rebates amounts will remain the same at 8% with Usage Guidelines Certification or 6% without. OTN provides the added convenience of offering the rebate directly off your invoice amount to eliminate the paperwork and time delay in claiming the rebate for your practice.

Remember, OTN will match any documented offer for Procrit. Prices to be matched should be requested at the time the order is placed. Prices will be matched for the term of the competitor's offer.

Item	Unit Size	Order Quantity	6% Rebate	Additional 2% Guideline Rebate	w/Rebate Invoice Price/Unit	w/Rebate & Certification Invoice Price/Unit
Procrit	10,000 units/mL	6	$5.70	$1.90	$94.00	$92.00
Procrit	10,000 units/mL	25	$5.70	$1.90	$94.00	$92.00
Procrit	20,000 units/2 mL	6	$11.40	$3.80	$186.25	$182.50

ONCOLOGY THERAPEUTICS NETWORK

HCPCS CODE CHANGES FOR 1997

The HCFA Common Procedure Coding System (HCPCS) Editorial Panel recently announced coding changes effective for Medicare claims beginning January 1, 1997. Services provided on or after January 1, 1997, should be filed using the 1997 codes. Services rendered in 1996 should continue to be billed with the 1996 codes. HCFA has granted a 90-day grace period to allow physicians to incorporate the changes into their practices. The 1997 charges received prior to April 1, 1997, may be filed with either the 1996 or 1997 codes.

Specific questions about these codes and requests for a complete list of code changes should be directed to your Medicare carrier.

New Zinecard® code approved!

NEW	DELETED	BILLING UNITS	PRODUCT *Drugs for treatment & supportive care of cancer patients:*
J1190		per 250 mg	Injection, dexrazoxane hydrochloride
J1645		per 2500 IU	Injection, dalteparin sodium
J2820		per 50 mcg	Injection, GM-CSF (change in billing units)
J2597		per 1 mcg	Injection, Desmopressin Acetate (change in billing units)
J7310			Ganciclovir, 4.5 mg, long-acting implant
K0453		per 50 mg	Injection, amphotericin B
Q0156			Infusion, albumin (human), 5%, 500 mL
Q0157			Infusion, albumin (human), 25%, 50 mL
	J7140		Prescription drug, oral, dispensed in a physician's office
	J7150		Prescription drug, oral chemotherapy for malignant disease
	J7502	per 250 mg	Cyclosporine, parenteral, amp, IV
	J9010	per 50 mg	Doxorubicin hydrochloride

Q *How do I file claims for doxorubicin hydrochloride in 1997 now that code J9010 is deleted?*

A To file claims for doxorubicin hydrochloride, use code J9000 for all sizes. Billing units are *per 10 mg.*

SOURCEBOOK UPDATE • FALL/WINTER 1996-97 PRODUCT AND PRICING CHANGES

901-100	Hexalen®	Altretamine, capsules	50 mg	$433.50	▲
201-120	Taxotere®	Docetaxel for Injection	20 mg	$215.25	▲
201-180	Taxotere®	Docetaxel for Injection	80 mg	$861.00	▲
230-050	Havrix®	Hepatitis A Vaccine, inactivated (1440 ELU/mL)	1 dose/ vial	$57.25	▲
847-010	Gammar® P	Immune Globulin IV, 5% pwd w/ IV set	1 gm	$32.00	New
941-100	InFed®	Iron Dextran (100 mg/2 mL)		$28.60	catalog #
941-105	Dexferrum®	Iron Dextran (100 mg/2 mL)		$28.60	correction
802-035	Immunex	Methotrexate, powder	20 mg	$12.25	▲
901-280	Hycamtin™	Topotecan HCl, lyoph pwd	4 mg	$426.50	▲
202-500	Thioplex®	Thiotepa, powder	15 mg	$76.75	▲
920-400	NeuTrexin™	Trimetrexate Glucuronate, solution (x 25)	25 mg	$50.25	▲
920-410	NeuTrexin™	Trimetrexate Glucuronate, solution (x 10)	25 mg	$58.50	▲

▲ Reflects a price increase ▼ Reflects a price decrease • Reflects a product description change

ONCOLOGY THERAPEUTICS NETWORK

ONCOLOGY DRUG UPDATES

NEW AUTHORS

Beginning with this issue, there is a welcome addition to *The Network News* editorial staff. Oncology New Concepts (ONC) will assume the role of writing and editing our Oncology Drug Updates section.

ONC is a unique new group specializing in oncology educational programs and services. ONC incorporates practice diversity, clinical and administrative knowledge, and a wealth of experience in developing and delivering educational programs. ONC consists of 11 oncology pharmacy specialists who have joined together with a mission of providing educational experiences and training materials that promote success in oncology practices.

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MEDICATION ERRORS ALERT FOR ACCIDENTAL OVERDOSES

Irinotecan (Camptosar,® formerly CPT-11, Pharmacia & Upjohn)

Institute for Safe Medication Practices (ISMP) has learned of several accidental overdoses of Camptosar (irinotecan hydrochloride injection, CPT-11) that have occurred since its launch in July 1996. The labeling for Camptosar, an antineoplastic agent, features "20 mg/mL" in large letters. Some practitioners preparing doses have incorrectly assumed that is the total amount of drug contained in the vial. The vials contain 5 mL or 100 mg, but the "5 mL" notation appears in much smaller print. If your facility uses Camptosar, alert all individuals who prepare doses. In addition, affix auxiliary labels to each vial to clarify that they contain 100 mg, not 20 mg. Prepared doses of antineoplastics should be checked independently by at least two health professionals. Pharmacia and Upjohn, the manufacturer, is in the process of changing the label to read 100 mg/5 mL. This labeling should be available in the near future.

FDA NEW DRUG APPROVALS

Mitoxantrone (Novantrone,® Immunex Corp.) for Hormone-Refractory Prostate Cancer

On Nov. 12, 1996, the FDA granted approval of mitoxantrone for prostate cancer patients who have failed hormone therapy. Mitoxantrone in combination with corticosteriods is indicated as initial chemotherapy for the treatment of patients with pain related to advanced hormone-refractory prostate cancer. Mitoxantrone in combination with other approved drug(s) is also indicated in the initial therapy of acute nonlymphocytic leukemia (ANLL) in adults.

Please refer to full prescribing information.

ONCOLOGY DRUG UPDATES

ONCOLOGY THERAPEUTICS NETWORK

Amphotericin B Cholesteryl Sulfate Complex (Amphotec®, Sequus) for Invasive Aspergillosis

In November 1996, the FDA granted approval of amphotericin B cholesteryl sulfate complex (Amphotec) as therapy for invasive aspergillosis in patients where renal impairment or unacceptable toxicity precludes the use of amphotericin B deoxycholate in effective doses. Amphotec is also approved in patients with invasive aspergillosis where prior amphotericin B deoxycholate therapy has failed. This approval was based on data from 5 non-comparative open label studies.

One hundred sixty-one patients with proven or probable aspergillus infections were treated with amphotericin B cholesteryl sulfate complex. Identifiable reasons for use included failure to respond to amphotericin B deoxycholate (n = 49), development of nephrotoxicity while receiving amphotericin B deoxycholate (n = 62), preexisting renal impairment (n = 25), or other reasons not identified (n = 25). The primary site of infection was the lung (73%), followed by the sinuses (9%).

The 49 patients who were enrolled because of failure to respond to standard amphotericin B were defined by their individual physician as being refractory based on overall clinical judgment after receiving either a minimum of 7 days of therapy or a minimum total dose of 15 mg/kg. Nephrotoxicity was defined by one of three ways: a serum creatinine that had doubled from baseline, an increase of ≥ 1.5 mg/dL, or an increase to ≥ 2.0 mg/dL. Response rates utilized were defined previously by the Mycosis Study Group.

Eighty of the 161 patients were evaluable for response. The median daily dose was 4 mg/kg/day and the cumulative median dose was 6.3 g. There was a complete response in 9 patients and a partial response in 28 patients, for an overall response rate of 46% *(refer to Table 1)*.

TABLE 1. RESPONSE RATES TO AMPHOTEC FOR ASPERGILLUS INFECTIONS

Patient Group	Number Treated	Complete Response	Partial Response	Total Response	Response Rate
Amphotericin B failure	28	3	9	12	43%
Nephrotoxicity	36	5	12	17	47%
Preexisting renal impairment	16	1	7	8	50%
Total	80	9	28	37	46%

Those patients who were treated with Amphotec where their serum creatinine was ≥ 2.0 mg/dL experienced a decline in serum creatinine during treatment. This occurred in 12 to 20% of all users.

The recommended dose of Amphotec for both adults and children is 3-4 mg/kg/day. There is an allowance for a dose increase to 6 mg/kg/day in patients who do not improve or if there is evidence of progression of the fungal infection. Amphotec is given as an intravenous infusion in 5% dextrose in water at a rate of 1 mg/kg/hour. The manufacturer recommends a test dose prior to the first therapeutic dose. In patients tolerating the infusion well, the infusion rate may be shortened to 2 hours. Approximately 35% of patients experienced infusion-related toxicities of chills and fever, usually with the first dose. This dropped to 14% by the seventh dose. Acute infusion-related reactions can be managed by pretreatment with antihistamines and corticosteroids. Monitoring of renal and hepatic function and serum electrolytes is recommended.

A randomized study comparing Amphotec with amphotericin B deoxycholate for therapy of invasive aspergillosis is currently ongoing.

FDA NEW DRUG APPROVALS

Liposomal Amphotericin Products: A Safer Alternative

Liposomes are delivery vehicles which allow for the administration of agents to better target drug delivery. These are microvesicles consisting of water surrounded by bilayered phospholipid membranes. The biodegradable phospholipid molecules are made up of a hydrophilic head attached to a hydrophobic tail. When placed in water, they arrange themselves into bilayered membranes which ultimately form the microvesicles. It is possible to alter the size, charge, permeability, and even number of bilayered membranes in a liposome.

The pharmacokinetics and pharmacodynamics of liposomally-encapsulated drugs usually vary greatly from the non-encapsulated drug. These differences have been utilized to improve the therapeutic index of many drugs. It has been shown that drugs incorporated into liposomes are selectively taken up into the reticuloendothelial system and concentrated in the liver, spleen, lungs, and lymph nodes. In addition, monocytes and macrophages easily ingest liposomes, which may be advantageous in the management of various infections.

ONCOLOGY THERAPEUTICS NETWORK

ONCOLOGY DRUG UPDATES

NEW FDA INDICATION

Amphotericin B Lipid Complex Injection (Abelcet®, The Liposome Component)

Liposomal amphotericin B lipid complex (Abelcet®) was originally FDA-approved for the treatment of aspergillosis in patients who are refractory to, or intolerant of, conventional amphotericin B therapy. In October 1996, the FDA approved the expansion of the indication to include other fungal infections. Now, Abelcet is indicated for the treatment of invasive fungal infections in patients who are refractory to or intolerant of conventional amphotericin therapy.

The new indication was based upon data involving 473 patients from three open-label studies. These patients had invasive fungal infections and were deemed by their physicians to be refractory to or intolerant of conventional amphotericin B or had preexisting nephrotoxicity. Refractory patients had received a minimum dose of 500 mg of amphotericin B. Nephrotoxicity was defined as a serum creatinine that had increased to ≥ 2.5 mg/dL in adults and > 1.5 mg/dL in children, or a creatinine clearance < 25 mg/min while receiving conventional amphotericin B.

Results of the trial were available for 282 evaluable patients (191 patients were excluded based upon unconfirmed diagnoses). The following types of fungal infections were identified and treated: aspergillosis (n = 111), candidiasis (n = 87), zygomycosis (n = 25), cryptococcosis (n = 16), and fusariosis (n = 11). Some patients were successfully treated; however, overall response rates have not been reported.

Revision of Dosing Guidelines for Anticancer Drugs: Is Dosing According To Body Surface Area Appropriate?

The *Journal of Clinical Oncology* recently published a review article commenting on the current practice of dosage calculation of anticancer drugs and proposed an alternative method to be considered to individualize doses of these agents in cancer patients. The importance of dosing chemotherapy appropriately to achieve desired outcomes was emphasized, and the standard method of utilizing body surface area (BSA) to calculate these doses has been questioned.

Oncologists have long recognized the need to individualize the doses of chemotherapeutic agents for two major reasons: First, it has been known that the metabolism and elimination of drugs vary considerably between individual patients. The resultant pharmacokinetic profile would be different between patients, resulting in different effects. Second, oncologists have known that these agents have a narrow therapeutic index, having a low threshold for many toxicities. Reducing doses to avoid toxicities may reduce tumor responses for breast cancer, testicular cancer, and lymphomas.

The current standard of practice has utilized BSA dosing for the majority of antineoplastic agents. BSA has been shown to correlate with basal metabolic rate, blood volume, and glomerular filtration rate (GFR). It has been used to allow an estimation of human doses from experimental animal studies. However, several investigators, including Grochow, et al, have determined that there is no good correlation between BSA and the pharmacokinetic measurements for a number of anticancer drugs in various phase II studies. Agents such as etoposide, ifosfamide, paclitaxel, and carboplatin were found to have no or minimal correlation of BSA with pharmacokinetic parameters. Today, most clinicians are aware of the data published by Calvert, et al, showing that GFR can predict carboplatin AUC, independent of BSA, and the positive relationship between tumor response and AUC of carboplatin. This dosing method is now becoming the standard of practice for the use of carboplatin.

Most interestingly, this review has pointed out that the use of BSA-based dose calculation may bring into question previous clinical studies exploring a dose-response relationship for chemotherapy. It has been suggested that pharmacokinetic monitoring be used instead of BSA dosing for antineoplastic agents. Data generated by Evans and colleagues in pediatric leukemia patients suggest that pharmacokinetically-guided dosing resulted in positive correlations for drug toxicity rather than tumor response. This may be explained by tumor cell heterogeneity. In addition, it is recognized that there are problems with the clinical application of pharmacokinetic parameter dosing (e.g., number and timing of blood samples, as well as expense).

A new method of dosing antineoplastic agents has been suggested using three steps: prime dose, modified dose, and toxicity-adjusted dose (PMT dosing). Prime dose has been defined as the fixed dose of a drug used alone or in combination, derived from phase I/II studies. Modified dose is an adjustment of the prime dose before being administered, based on guidelines that predict the drug-handling ability of the patient (pharmacokinetically-guided dosing). Finally, adjustments are made on subsequent doses based upon resultant or expected toxicities. Toxicity-based dosing has been used to select the conventional dose of most antineoplastic agents. However, it should be noted that there is no easy measure of under dosing in the absence of toxicity.

This review article concluded that basing the dose of most anticancer agents on BSA measurement is not appropriate and that pharmacokinetic applications should be applied. Since there is good correlation between these parameters and the toxicities and tumor response for many antineoplastics, pharmacokinetic trials are crucial to future dosing of these drugs. The author has clearly brought to attention the current inadequacies of BSA-based dosing, and has challenged oncologists to consider a more scientific approach to dosing cancer patients.

(*J Clin Oncol*. 1996;14(9):2590-2611.)

REIMBURSEMENT

ONCOLOGY THERAPEUTICS NETWORK

AVERAGE WHOLESALE PRICES AND 1996 HCPCS CODES

As a reimbursement resource, the average wholesale prices (AWPs) and HCPCS codes are listed for drugs commonly used in cancer treatment. Products are listed alphabetically by their generic name. The AWPs are obtained from the *1996 Red Book* and the *December 1996 Red Book Update*. For drugs that have multiple manufacturers, the AWP for the product that the Network most commonly stocks is listed. For ease of use, we list the AWP information in the first three columns and the billing code and units in the right two columns. Please refer to the *Fall/Winter 1996-1997 Sourcebook* for a complete listing of 1996 HCPCS codes.

PRODUCT	VIAL SIZE	NDC	DECEMBER AWP/VIAL	'96 HCPCS CODE	BILLING UNITS
Proleukin®					
Aldesleukin, pwd (Interleukin-2)	22 MIU	53905-0991-01	415.00	J9015	per 22 MIU
Ethyol®					
Amifostine	500 mg	17314-3123-01	312.00	J3490[1]	
Fungizone®					
Amphotericin B Oral Suspension	24 mL	00087-1162-10	26.25	J9999*/J3490[1]	
Blenoxane®					
Bleomycin sulfate, pwd	15 units	00015-3010-20	304.60	J9040	per 15 units
	30 units	00015-3063-01	609.20	J9040	per 15 units
Paraplatin®					
• Carboplatin, pwd	50 mg	00015-3213-30	88.59	J9045	per 50 mg
•	150 mg	00015-3214-30	265.71	J9045	per 50 mg
•	450 mg	00015-3215-30	797.15	J9045	per 50 mg
BiCNU®					
• Carmustine, pwd w/diluent	100 mg	00015-3012-38	88.94	J9050	per 100 mg
Tagamet®					
Cimetidine HCl, sol (150 mg/mL)	300 mg	00108-5017-16	3.96	J9999*/J3490[1]	
Platinol®-AQ					
• Cisplatin, sol (1 mg/mL)	50 mg MDV	00015-3220-22	184.84	J9062	per 50 mg
•	100 mg MDV	00015-3221-22	369.65	J9062	per 50 mg
Leustatin®					
Cladribine, sol (1 mg/mL)	10 mg	59676-0201-01	480.00	J9065	per 1 mg
Lyophilized Cytoxan®					
Cyclophosphamide, lyophilized	100 mg	00015-0539-41	6.45	J9093	per 100 mg
	200 mg	00015-0546-41	12.25	J9094	per 200 mg
	500 mg	00015-0547-41	25.71	J9095	per 500 mg
	1 g	00015-0548-41	51.43	J9096	per 1 g
	2 g	00015-0549-41	102.89	J9097	per 2 g
Cytoxan® Tablets					
• Cyclophosphamide, tablets, 25 mg	100 per bottle	00015-0504-01	173.23	J8530	25 mg
• Cyclophosphamide, tablets, 50 mg	100 per bottle	00015-0503-01	317.91	J8530	25 mg
• Cyclophosphamide, tablets, 50 mg	1,000 per bottle	00015-0503-02	3,027.90	J8530	25 mg
Cytarabine, pwd	100 mg	00364-2467-53	6.00	J9100	per 100 mg
	100 mg	55390-0131-10	6.25	J9100	per 100 mg
	500 mg	00364-2468-54	23.06	J9110	per 500 mg
	500 mg	55390-0132-10	25.00	J9110	per 500 mg
	1 g	55390-0133-01	50.00	J9110	per 500 mg
	2 g	55390-0134-01	98.90	J9110	per 500 mg
Dacarbazine, pwd	100 mg	00026-8151-10	13.83	J9130	per 100 mg
	200 mg	00026-8151-20	22.23	J9140	per 200 mg
DaunoXome®					
Daunorubicin citrate liposome inj. (1 mg/mL)	50 mg	56146-0301-01	260.75	J9999*/J3490[1]	
Cerubidine®					
Daunorubicin HCl, pwd	20 mg	55390-0281-10	168.50	J9150	per 10 mg
DDAVP®					
Desmopressin Acetate, sol (4 mcg/mL)	1 mL	00075-2451-01	24.54	J2597	per 4 mcg
Dexamethasone, sol (10 mg/mL)	100 mg MDV	00364-2360-54	12.00	J1100	up to 4 mg/mL
Dexamethasone, sol (4 mg/mL)	20 mg MDV	00517-4905-25	2.19	J1100	up to 4 mg/mL
	120 mg MDV	00517-4930-25	7.84	J1100	up to 4 mg/mL
Zinecard®					
Dexrazoxane for injection	250 mg	00013-8715-62	134.38	J3490[1]	
	500 mg	00013-8725-89	268.75	J3490[1]	
Diazepam, sol (5 mg/mL)	10 mg	00364-0825-48	3.43	J3360	up to 5 mg
	50 mg	00364-0825-54	13.35	J3360	up to 5 mg
Diphenhydramine HCl, sol (10 mg/mL)	300 mg	00364-6530-56	5.18	J1200	up to 50 mg
Diphenhydramine HCl, sol (50 mg/mL)	500 mg MDV	00364-6531-54	6.90	J1200	up to 50 mg
	50 mg	00641-0376-25	0.63	J1200	up to 50 mg

ONCOLOGY THERAPEUTICS NETWORK

REIMBURSEMENT

PRODUCT	VIAL SIZE	NDC	DECEMBER AWP/VIAL	'96 HCPCS CODE	BILLING UNITS
Taxotere®					
• Docetaxel for injection	20 mg	00075-8001-20	257.92	J9999*	
•	80 mg	00075-8001-80	1,031.68	J9999*	
Rubex®					
Doxorubicin, pwd	50 mg	00015-3352-22	197.15	J9010	per 50 mg
	100 mg	00015-3353-22	394.29	J9010	per 50 mg
Bedford Laboratories					
Doxorubicin, pwd	10 mg	55390-0231-10	45.08	J9000	per 10 mg
	20 mg	55390-0232-10	90.16	J9000	per 10 mg
	50 mg	55390-0233-01	225.40	J9010	per 50 mg
Doxorubicin, sol (2 mg/mL)	10 mg	55390-0235-10	47.35	J9000	per 10 mg
	20 mg	55390-0236-10	94.70	J9000	per 10 mg
	50 mg	55390-0237-01	236.74	J9010	per 50 mg
	200 mg MDV	55390-0238-01	945.98	J9010	per 50 mg
Adriamycin™					
Doxorubicin, RDF pwd	10 mg	00013-1086-91	46.00	J9000	per 10 mg
	20 mg	00013-1096-94	92.00	J9000	per 10 mg
	50 mg	00013-1106-79	230.00	J9010	per 50 mg
	150 mg MDV	00013-1116-83	676.19	J9010	per 50 mg
Doxorubicin, pfs sol (2 mg/mL)	10 mg	00013-1136-91	48.31	J9000	per 10 mg
	20 mg	00013-1146-94	96.63	J9000	per 10 mg
	50 mg	00013-1156-79	241.56	J9010	per 50 mg
	75 mg	00013-1176-07	362.35	J9010	per 50 mg
	200 mg MDV	00013-1166-83	946.94	J9010	per 50 mg
DOXIL®					
Doxorubicin, HCl liposome inj. (2mg/mL)	20 mg	61471-0295-12	606.25	J9999*	
Procrit®					
Epoetin alfa	2,000 units/mL	59676-0302-01	24.00	Q0136*	1,000 units
	3,000 units/mL	59676-0303-01	36.00	Q0136*	1,000 units
	4,000 units/mL	59676-0304-01	48.00	Q0136*	1,000 units
	10,000 units/mL	59676-0310-01	114.00	Q0136*	1,000 units
	20,000 units/2 mL	59676-0312-01	228.00	Q0136*	1,000 units
VePesid® Capsules					
• Etoposide, capsules, 50 mg	20 per box	00015-3091-45	751.60	J8560	50 mg
VePesid® For Injection					
Etoposide, injection (20 mg/mL)	100 mg MDV	00015-3095-20	136.49	J9182	per 100 mg
	150 mg MDV	00015-3004-20	204.74	J9182	per 100 mg
	500 mg MDV	00015-3061-20	665.38	J9182	per 100 mg
	1 g MDV	00015-3062-20	1,296.64	J9182	per 100 mg
Etopophos®					
Etoposide phosphate for injection	100 mg	00015-3404-20	124.14	J9999*	
Fludara®					
Fludarabine phosphate, pwd	50 mg	50419-0511-06	188.04	J9185	per 50 mg
Fluorouracil, sol (50 mg/mL)	500 mg	39769-0012-10	3.75	J9190	per 500 mg
	2,500 mg	00013-1046-94	7.69	J9190	per 500 mg
	5,000 mg	39769-0012-90	25.00	J9190	per 500 mg
Neupogen®					
G-CSF (Filgrastim), sol (0.3 mg/mL)	300 mcg	55513-0347-10	156.10	J1440	per 300 mcg
	480 mcg	55513-0348-10	248.60	J1441	per 480 mcg
Gemzar®					
Gemcitabine HCl	200 mg	00002-7501-01	63.66	J9999*	
Gemcitabine HCl	1 g	00002-7502-01	318.29	J9999*	
Leukine®					
GM-CSF (Sargramostim), lyophilized	250 mcg	58406-0002-33	117.79	J2820	per 250 mcg
	500 mcg	58406-0001-35	221.71	J2820	per 250 mcg
Goserelin acetate, implant	3.6 mg syringe	00310-0960-36	383.65	J9202	per 3.6 mg
	10.8 mg syringe	00310-0961-30	1,208.49	J9202	per 3.6 mg
Kytril™					
Granisetron HCl, sol (1 mg/mL)	1 mL	00029-4149-01	173.95	J1625	per 1 mg
Ifex®					
Ifosfamide	1 g	00015-0556-41	114.68	J9208	per 1 g
	3 g	00015-0557-41	344.04	J9208	per 1 g
Ifex®/Mesnex™					
• Ifosfamide (10 x 1 g)/mesna (10 x 1 g MDV)	Combo-Pack	00015-3554-27	2,004.70	J9208/J9209	
• Ifosfamide (2 x 3 g)/mesna (6 x 1 g MDV)	Combo-Pack	00015-3564-15	1,202.75	J9208/J9209	
• Ifosfamide (5 x 1 g)/mesna (3 x 1 g MDV)	Combo-Pack	00015-3556-26	829.63	J9208/J9209	
Venoglobulin I					
Immune globulin intravenous, 5% pwd w/IV set	2.5 g	49669-1602-01	152.05	J1561	per 500 mg
	5 g	49669-1603-01	304.10	J1561	per 500 mg
	10 g	49669-1604-01	608.20	J1561	per 500 mg
Venoglobulin S					
• Immune globulin intravenous, 5% sol w/IV set	2.5 g	49669-1612-01	225.00	J1561	per 500 mg
•	5 g	49669-1613-01	450.00	J1561	per 500 mg
•	10 g	49669-1614-01	900.00	J1561	per 500 mg

ONCOLOGY THERAPEUTICS NETWORK

REIMBURSEMENT

PRODUCT	VIAL SIZE	NDC	DECEMBER AWP/VIAL	'96 HCPCS CODE	BILLING UNITS
Venoglobulin S (continued)					
• Immune globulin intravenous, 10% sol w/IV set	5 g	49669-1622-01	475.00	J1562	per 5 g
•	10 g	49669-1623-01	950.00	J1562	per 5 g
•	20 g	49669-1624-01	1,900.00	J1562	per 5 g
Immune globulin intravenous, 10% sol w/IV set	1 g	00192-0649-12	75.00	J1561	per 500 mg
	5 g	00192-0649-20	375.00	J1562	per 5 g
	10 g	00192-0649-71	750.00	J1562	per 5 g
	20 g	00192-0649-24	1,500.00	J1562	per 5 g
Immune globulin intravenous, 5%–10% w/IV set	2.5 g	52769-0471-72	145.00	J1561 or J1562	
	5 g	52769-0471-75	290.00	J1561 or J1562	
	10 g	52769-0471-80	580.00	J1561 or J1562	
Rho D immune globulin intravenous	300 mcg	60492-0002-01	235.00	J3490*/J9999*	
Intron® A					
Interferon alfa 2b, pwd	3 MIU	00085-0647-03	32.93	J9214	per 1 MIU
	3 MIU syringe	00085-0647-04	32.93	J9214	per 1 MIU
	3 MIU PAK	00085-0647-05	32.93	J9214	per 1 MIU
	5 MIU	00085-0120-02	54.88	J9214	per 1 MIU
	5 MIU PAK	00085-0120-05	54.88	J9214	per 1 MIU
	10 MIU	00085-0571-02	109.75	J9214	per 1 MIU
	10 MIU PAK	00085-0571-06	109.75	J9214	per 1 MIU
	18 MIU	00085-0110-01	197.54	J9214	per 1 MIU
	25 MIU	00085-0285-02	274.39	J9214	per 1 MIU
	50 MIU	00085-0539-01	548.75	J9214	per 1 MIU
Interferon alfa 2b, sol (5 MIU/mL)	10 MIU	00085-0923-01	109.75	J9214	per 1 MIU
Interferon alfa 2b, sol (6 MIU/mL)	18 MIU MDV	00085-0953-01	197.54	J9214	per 1 MIU
Interferon alfa 2b, sol (5 MIU/mL)	25 MIU	00085-0769-01	274.39	J9214	per 1 MIU
Roferon® A					
Interferon alfa 2a, pwd w/3 mL diluent	18 MIU	00004-1993-09	197.55	J9213	per 3 MIU
Interferon alfa 2a, sol (3 MIU/mL)	3 MIU	00004-1987-09	32.94	J9213	per 3 MIU
Interferon alfa 2a, sol (10 MIU/mL)	9 MIU	00004-2010-09	92.76	J9213	per 3 MIU
Interferon alfa 2a, sol (6 MIU/mL)	18 MIU	00004-1988-09	197.55	J9213	per 3 MIU
Interferon alfa 2a, sol (36 MIU/mL)	36 MIU	00004-2005-09	395.14	J9213	per 3 MIU
Camptosar®					
Irinotecan HCl injection, CPT-11 (20 mg/mL)	5 mL	00009-7529-01	493.75	J9999*	
Leucovorin, pwd	50 mg	55390-0051-10	18.44	J0640	per 50 mg
	50 mg	58406-0621-05	21.53	J0640	per 50 mg
	100 mg	55390-0052-10	35.00	J0640	per 50 mg
	100 mg	58406-0622-06	39.41	J0640	per 50 mg
	200 mg	55390-0053-01	78.00	J0640	per 50 mg
	350 mg	58406-0623-07	137.94	J0640	per 50 mg
Lupron®					
Leuprolide acetate depot, susp. (7.5 mg/mL)	7.5 mg	00300-3629-01	515.63	J9217	per 7.5 mg
	22.5 mg	00300-3336-01	1,546.89	J9217	per 7.5 mg
Lorazepam, sol (2 mg/mL)	2 mg MDV	00008-0581-04	12.01	J2060	per 2 mg
Lorazepam, sol (2 mg/mL)	20 mg MDV	00008-0581-01	107.00	J2060	per 2 mg
Lorazepam, sol (4 mg/mL)	40 mg MDV	00008-0570-01	133.74	J2060	per 2 mg
Lorazepam, sol (2 mg/mL), w/ syringe	2 mg	00008-0581-02	12.67	J2060	per 2 mg
Mannitol, 25% sol	50 mL	00074-4031-01	5.05	J2150	per 50 mL
Mechlorethamine HCl, pwd	10 mg	00006-7753-31	10.10	J9230	per 10 mg
Megace®					
Megestrol acetate, tablets, 20 mg	100 per bottle	00015-0595-01	75.68		
Megestrol acetate, tablets, 40 mg	100 per bottle	00015-0596-41	134.96		
	250 per bottle	00015-0596-46	330.68		
	500 per bottle	00015-0596-45	647.88		
Megace® Oral Suspension					
Megestrol acetate, oral suspension	8 fl oz	00015-0508-42	112.81		
Melphalan hydrochloride, pwd	50 mg	00173-0130-93	296.99	J9245	per 50 mg
Melphalan hydrochloride, tablets, 2 mg	50 per bottle	00173-0045-35	84.77	J8600	2 mg
Mesnex™					
• Mesna, sol (100 mg/mL)	1 g MDV	00015-3563-02	155.70	J9209	per 200 mg
Methotrexate, pwd	20 mg	00205-4654-90	2.78	J9250	per 5 mg
	1,000 mg	58406-0671-05	61.44	J9260	per 50 mg
Methotrexate, pres. free sol (25 mg/mL)	50 mg	55390-0031-10	6.88	J9260	per 50 mg
	100 mg	55390-0032-10	8.75	J9260	per 50 mg
	200 mg	55390-0033-10	17.50	J9260	per 50 mg
	250 mg	55390-0034-10	26.88	J9260	per 50 mg
Methotrexate, sol w/pres. (25 mg/mL)	50 mg	58406-0601-14	4.75	J9260	per 50 mg
	250 mg	58406-0601-17	20.48	J9260	per 50 mg
Methotrexate, tablets, 2.5 mg	100 per bottle	00555-0572-02	305.25	J8610	2.5 mg
	36 per bottle	00555-0572-35	130.05	J8610	2.5 mg
Metoclopramide, sol w/pres. (5 mg/mL)	2 mL	39769-0066-02	2.35	J2765	up to 10 mg
Metoclopramide, pres. free sol (5 mg/mL)	50 mg	00013-6116-95	8.73	J2765	up to 10 mg
	150 mg	00013-6126-95	23.54	J2765	up to 10 mg

REIMBURSEMENT

PRODUCT	VIAL SIZE	NDC	DECEMBER AWP/VIAL	'96 HCPCS CODE	BILLING UNITS
Mutamycin® Mitomycin, pwd	5 mg	00015-3001-20	134.11	J9280	per 5 mg
	20 mg	00015-3002-20	452.91	J9290	per 20 mg
	40 mg	00015-3059-20	915.09	J9291	per 40 mg
Novantrone® Mitoxantrone, sol (2 mg/mL)	20 mg MDV	58406-0640-03	720.04	J9293	per 5 mg
	25 mg MDV	58406-0640-05	900.03	J9293	per 5 mg
	30 mg MDV	58406-0640-07	1,080.05	J9293	per 5 mg
Zofran® Ondansetron HCl, sol (2 mg/mL)	40 mg MDV	00173-0442-00	244.43	J2405	per 1 mg
Ondansetron HCl, sol (2 mg/mL)	4 mg	00173-0442-02	24.45	J2405	per 1 mg
Ondansetron HCl, sol premixed (32 mg/50 mL D5W)	32 mg bag	00173-0461-00	206.41	J2405+	per 1 mg
Sandostatin® Octreotide Acetate, sol (50 mcg/mL)	50 mcg amp	00078-0180-03	5.21	J9999*/J3490†	
Octreotide Acetate, sol (100 mcg/mL)	100 mcg amp	00078-0181-03	9.54	J9999*/J3490†	
Octreotide Acetate, sol (500 mcg/mL)	500 mcg amp	00078-0182-03	43.62	J9999*/J3490†	
TAXOL® Paclitaxel, semi-synthetic	30 mg	00015-3475-27	182.63	J9265	per 30 mg
	100 mg	00015-3476-27	608.76	J9265	per 30 mg
Aredia® Pamidronate disodium, pwd	30 mg	00083-2601-04	191.68	J2430	per 30 mg
	60 mg	00083-2606-01	383.36	J2430	per 30 mg
	90 mg	00083-2609-01	575.05	J2430	per 30 mg
Nipent™ Pentostatin, pwd	10 mg	00071-4243-01	1,440.00	J9268	per 10 mg
Prochlorperazine, sol (5 mg/mL)	10 mg	00364-2231-48	2.64	J0780	up to 10 mg
	50 mg MDV	00364-2231-54	13.00	J0780	up to 10 mg
Prochlorperazine, tablets, 10 mg	100 per box	00007-3367-20	90.45		
Zantac® Ranitidine, sol (50 mg/2 mL)	2 mL	00173-0362-38	3.99	J9999*/J3490†	
Streptozocin, pwd	1 g	00009-0044-01	68.84	J9320	per 1 g
Vumon® • Teniposide, 50 mg	5 mL amp	00015-3075-19	168.18	J9999*	per 50 mg
Thioplex® Thiotepa, pwd	15 mg	58406-0661-02	78.45	J9340	per 15 mg
Hycamtin™ • Topotecan HCl lyoph pwd	4 mg	00007-4201-05	509.44	J9999*	
Urokinase, sol (5,000 IU/mL)	5,000 IU	00074-6111-01	53.64	J3364	per 5,000 IU
	9,000 IU	00074-6145-02	93.54	J3364	per 5,000 IU
Vinblastine sulfate, pwd	10 mg	55390-0091-10	21.25	J9360	per 1 mg
	10 mg	00364-2447-54	37.50	J9360	per 1 mg
Vinblastine sulfate, sol (1 mg/mL)	10 mg	00469-2700-30	43.23	J9360	per 1 mg
Vincristine, preservative free sol (1 mg/mL)	1 mg	00013-7456-06	37.08	J9370	per 1 mg
	1 mg	61703-0309-06	31.75	J9370	per 1 mg
	2 mg	00013-7466-86	74.13	J9375	per 2 mg
	2 mg	61703-0309-16	38.25	J9375	per 2 mg
NAVELBINE® Vinorelbine tartrate, sol (10 mg/mL)	1 mL	00173-0656-01	56.55	J9390	per 10 mg
	5 mL	00173-0656-44	282.74	J9390	per 10 mg

•. An AWP, HCPCS code or NDC that has changed or been added has been highlighted in color.

* The drug code J9999 is defined as "not otherwise classified, antineoplastic drug." The Health Care Financing Administration (HCFA) has not assigned specific codes to these drugs.

† The drug code J3490 is defined as "unclassified drug." These drugs may or may not be defined as an unclassified drug in your area. Consult your local carrier for the appropriate code.

‡ Q0136 is the code for non-ESRD (End Stage Renal Disease) use.

+ The Health Care Financing Administration (HCFA) has notified Glaxo Wellcome that a separate J Code will not be issued for the Zofran 32 mg premixed bag. J2405 should be used for all formulations of Zofran.

LETTERS TO THE EDITOR

What's on your mind?

Your comments and suggestions are encouraged to help make this newsletter a better resource for you and the patients you serve. All correspondence will be addressed. Send your suggestions to: Mary Walsh, Editor, *The Network News*; Oncology Therapeutics Network; 395 Oyster Point Blvd., Suite 405; South San Francisco, CA 94080; Fax 800-800-5673

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